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Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24430 (1)
1. Corporation Name
REVELATION LIFE INSURANCE COMPANY, INCORPORATED



Principal Place of Business
4343 E CAMELBACK ROAD
PHOENIX AZ 85018-2700
US

Mailing Address
4343 E CAMELBACK ROAD
PHOENIX AZ 85018-2700
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-0630597	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 FL	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LONDEN, THOMAS	1.1 TITLE	
NAME	4343 E CAMELBACK ROAD	1.2 NAME	
STREET ADDRESS	PHOENIX AZ	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SCHUNEMAN, LARRY R	2.1 TITLE	
NAME	4343 E CAMELBACK ROAD	2.2 NAME	
STREET ADDRESS	PHOENIX AZ	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V SAXBY, KERRY ANNE	3.1 TITLE	
NAME	4343 E. CAMELBACK ROAD	3.2 NAME	
STREET ADDRESS	PHOENIX AZ	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD LATHROP, DEAN A	4.1 TITLE	
NAME	4343 E CAMELBACK ROAD	4.2 NAME	
STREET ADDRESS	PHOENIX AZ	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DC LONDEN, JACK	5.1 TITLE	
NAME	4343 E CAMELBACK ROAD	5.2 NAME	
STREET ADDRESS	PHOENIX AZ	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LONDEN, DORIS M	6.1 TITLE	
NAME	4343 E CAMELBACK ROAD	6.2 NAME	
STREET ADDRESS	PHOENIX AZ	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dean A. Lathrop* 3/2/98 602-957-1650

CR2E034 (10/97)